

Abstract 12

WHAT HAPPENS AFTER PROLONGED “KISSING” CHOROIDALS?

Akduman L.*^[1], Turer T.^[2], Morgan J.^[3], Saxena S.^[4]

^[1]EyeCare Partners ~ St. Louis ~ United States of America, ^[2]Washington University ~ St. Louis ~ United States of America, ^[3]Edward Via College of Osteopathic Medicine ~ Monroe ~ United States of America, ^[4]King George's Medical University ~ Lucknow ~ India

To present a case of long-term kissing choroidals in a patient following a glaucoma shunt procedure and to review related literature.

An 82-year-old patient developed hemorrhagic kissing choroidals after undergoing a glaucoma procedure. Due to underlying cardiac issues, he was unable to undergo choroidal drainage within the typical 2–3-week window, as he required continued anticoagulant therapy—likely a contributing factor to the complication. Instead, the patient was monitored for six months without intervention, during which moderate proliferative vitreoretinopathy (PVR) developed. Once operable, the patient underwent PVR repair with silicone oil tamponade. A review of relevant medical literature was conducted.

The long-term choroidal detachment resolved, and the resultant PVR was successfully repaired with a favorable anatomic outcome. However, visual acuity remained unchanged due to the glaucomatous optic atrophy. Literature review indicates that standard management recommends drainage of kissing choroidals within 2-4 weeks to prevent adhesion of opposing retinal surfaces. However, cases of spontaneous resolution with notable visual recovery have also been reported.

While surgical drainage within 2-4 weeks is recommended to reduce the risk of PVR formation, long-standing kissing choroidals may still achieve significant anatomic and/or visual recovery, with or without intervention. The optimal timing for surgical management should be determined on a case-by-case basis, considering the patient's systemic condition.

1. Hussain, N., Hussain, A., & Khan, N. A. (2018). Favorable outcome after choroidal drainage for postoperative kissing suprachoroidal hemorrhage following trabeculectomy in a high myopic vitrectomized eye. *Saudi Journal of Ophthalmology*, 32(2), 146–150. <https://doi.org/10.1016/j.sjopt.2017.10.002>
2. Roa, T., De La Rosa, S., & Netland, P. (2019). Five Pointers on Choroidal Effusion and suprachoroidal hemorrhage. *Glaucoma Today*, 37-39. Accessed on 3/15/25 at glaucomatoday.com
3. Doniparthi, A., Deutsch, A. B., Stibbe, J. D., Khan, N. M., & Palilonis, M. M. (2024). Kissing choroidal sign: A case report. *Radiology Case Reports*, 19(8), 2934–2936. <https://doi.org/10.1016/j.radcr.2024.04.017>
4. Schrieber, C., & Liu, Y. (2015). Choroidal effusions after glaucoma surgery. *Current Opinion in Ophthalmology*, 26(2), 134–142. <https://doi.org/10.1097/ICU.0000000000000131>
5. Ali, F. S., Kurup, S. K., & Garg, S. J. (2018). Dealing with hemorrhagic choroidal detachments. *Retina Today*. Accessed on 3/15/25 at retinatoday.com
6. Lee, S. J., Lee, J. H., Park, S. W., Kim, M., & Han, S. B. (2015). Spontaneous resolution of massive expulsive suprachoroidal hemorrhage with good long-term visual outcome: a case report. *International Medical Case Reports Journal*, 8, 185–187. doi.org/10.2147/IMCRJ.S92007
7. Chu, T. G., Cano, M. R., Green, R. L., Liggett, P. E., & Lean, J. S. (1991). Massive suprachoroidal hemorrhage with central retinal apposition. A clinical and echographic study. *Archives of*

ophthalmology (Chicago, Ill. : 1960), 109(11), 1575–1581.
doi.org/10.1001/archopht.1991.01080110111047

8. Vaziri, K., Schwartz, S. G., Kishor, K. S., Fortun, J. A., Moshfeghi, D. M., Moshfeghi, A. A., & Flynn Jr, H. W. (2015). Incidence of postoperative suprachoroidal hemorrhage after glaucoma filtration surgeries in the United States. *Clinical Ophthalmology*, 579-584. doi.org/10.2147/OPTH.S78359